



HEALTH CARE ACCESS PROGRAM

Final Report March 2012

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Cover Florida Health Care Access Program Annual Report

Background Information

Under the provisions of section 408.9091, Florida Statutes, the Agency for Health Care Administration (Agency) and the Office of Insurance Regulation (Office) must submit an annual report to the Governor and the Legislature on the status of the Cover Florida Health Care Access Program. The law specifically mandates that "the agency and the office shall evaluate the program and its effect on the entities that seek approval as Cover Florida plans, on the number of enrollees, and on the scope of health care coverage offered under a Cover Florida plan; shall provide an assessment of the Cover Florida plans and their potential applicability in other settings; shall use Cover Florida plans to gather more information to evaluate low-income consumer driven benefit packages." (Section 408.9091(10), Florida Statutes.)

The 2008 Florida Legislature established the Cover Florida Health Care Access Program, recognizing that a significant number of Florida residents are unable to obtain affordable health insurance coverage. The Cover Florida Health Care Access Program was established to expand the availability of health care options for uninsured residents. Affordable health care products were developed that emphasized coverage for basic and preventive health care services, as well as inpatient hospital, urgent and emergency care services.

The Cover Florida Health Care Access Program was signed into law by Governor Crist on May 21, 2008. The Agency and the Office issued an Invitation to Negotiate (ITN) on July 2, 2008 to organizations willing to participate in the Cover Florida Program. Two (2) statewide and four (4) regional contracts were awarded to the following companies:

Statewide-

- UnitedHealthcare
- Blue Cross Blue Shield of Florida

Regional-

- Medica Health Plans of Florida (Broward and Miami-Dade Counties)
- Total Health Choice (Broward and Miami-Dade Counties)
- JMH Health Plan (Miami-Dade County)
- Florida Health Care Plans (Flagler and Volusia Counties)

The contract term was for two calendar years, beginning January 5, 2009 and ending January 7, 2011.

Current Status of Cover Florida

None of the participating carriers offer new policies under Cover Florida. The following is a summary for the discontinuation of each plan.

- **Medica Health Plans of Florida:**
 - Withdrew its participation in Cover Florida in March 2010 subsequent to submitting an unjustified rate modification filing that was not approved by the Office of Insurance Regulation.
 - They have no enrollees in a Cover Florida plan.
- **Total Health Choice:**
 - Withdrew its participation in Cover Florida in April 2010, due to the company exiting the large group, small group, and individual health maintenance organization markets in Florida.
 - They have no enrollees in a Cover Florida plan.

The remaining carriers discontinued offering new policies under Cover Florida as a result of requirements under the Affordable Care Act.

- **Blue Cross Blue Shield of Florida:**
 - Agreed to continue coverage until January 2013.
 - As of December 31, 2011, they have 3,034 enrollees still covered in a Cover Florida plan.
- **UnitedHealthcare:**
 - Terminated its Cover Florida policies as of February 28, 2011.
 - They have no enrollees in a Cover Florida plan.
- **Florida Health Care Plans:**
 - Terminated its Cover Florida policies as of April 30, 2011.
 - They have no enrollees in a Cover Florida plan.
- **JMH Health Plan:**
 - Gave their enrollees 180 days notice of non-renewal from their policy anniversary date.
 - As of December 31, 2011, they have 48 enrollees still covered in a Cover Florida plan.

Cover Florida plans were considered “creditable coverage”, therefore enrollees covered for at least eighteen months are eligible to access coverage in the individual health insurance market. The 3,082 enrollees who are still receiving benefits through a Cover Florida plan with Blue Cross Blue Shield of Florida or JMH Health Plan will continue coverage until their policies expire.